

# Senior Services General Registration Form

## EFFECTIVE JANUARY 1, 2017 THROUGH DECEMBER 31, 2018

A Division of the Recreation & Community Services Department of the City of Middletown  
Senior & Community Center Membership, 61 Durant Terrace, Middletown, CT

**PARTICIPANT:**

New Address? \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) Cell: ( )

Email: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) Cell: ( )

Email: \_\_\_\_\_

**ANY SPECIAL CONDITIONS:****NEWSLETTERS:** I would like to receive a copy of the "Middletown Prime Times" by mail each month \_\_\_\_ Yes \_\_\_\_ No

**MEDICAL RELEASE/INDEMNITY WAIVER:** In order to participate in Recreation and Community Services ("R&C") Programs, I understand and agree that programs can be physically demanding, but I have the physical ability needed to participate. In the event photos or video are taken, I hereby give permission for R&C to use said photos or video in promotional literature including but not limited to, brochures and flyers. In the event of an emergency and the emergency contact person cannot be reached, I hereby give permission to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in any program offered by the Middletown R&C, Senior Services Division. A photo static copy of this waiver with my signature shall be considered as valid as the original.

**RULES AND WAIVER RELATED TO BUS TRIPS:** In the event that I participate in a City sponsored bus trip, I agree to comply with all applicable bus trip rules and policies. In consideration of my participation in any such bus trip, I do hereby for myself, my heirs, and assigns, waive, release, and forever discharge the City of Middletown, its employees, and agents, from any and all actions, damages, claims, and demands whatsoever in law or in equity, which may arise by reason of injury or death, or loss of or damage to property arising out of or connected with my participation in any City sponsored bus trip.

**I HAVE READ THE RELEASES AND WAIVERS SET FORTH HEREIN AND UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. I HAVE NOT BEEN INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.**

Initial: \_\_\_\_\_

**REFUND POLICY:** I understand and agree that program refunds will not be given with less than 2 business days' notice given or for circumstances beyond the control of the Senior Services Division (e.g. weather, equipment failure, etc.). Whenever possible, cancelled class(es) will be rescheduled.

**RULES & CODE OF CONDUCT:** I have been issued the Senior Services Division Membership Rules and Code of Conduct. I understand that complying with these rules is a condition of membership.

Fob Issued/Renewed : \_\_\_\_\_  
Processed in Computer: \_\_\_\_\_  
Newsletter Mailing List Updated: \_\_\_\_\_

**Signature(required)**

X

Date